

Application Data Sheet

Application Information

Application Type:: Regular
Subject Matter:: Utility
Suggested Classification::
Suggested Group Art Unit::
CD-ROM or CD-R?: None
Number of CD disks::
Number of Copies of CDs::
Sequence Submission?: None
Computer Readable Form (CRF):: No
Number of copies of CRF:: 0
Title:: CLOTHING FOR PARTIAL PROTECTION
OF THE BODY AGAINST BIOLOGICAL
AGENTS
Attorney Docket Number:: 2563-1001
Request for Early Publication?: No
Request for Non-Publication?: No
Suggested Drawing Figure::
Total Drawing Sheets:: 2
Small Entity?: No
Latin Name::
Variety Denomination Name::
Petition Included?: No
Petition Type::
Licensed US Gov't Agency::
Contract or Grant Numbers::
Secrecy Order in Parent Appl.?: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: ITALY
Status:: Full Capacity
Given Name:: STEFANO
Middle Name::
Family Name:: CERBINI
Name Suffix::
City of Residence:: PESARO
State or Province of
Residence::
Country of Residence:: ITALY
Street of Mailing VIA TORRICELLI 10
Address::
City of Mailing Address:: PESARO
State or Province of Mailing Address::
Country of Mailing Address:: ITALY
Postal or Zip Code of Mailing Address:: I-61100

Applicant Authority Type:: Inventor
Primary Citizenship Country:: ITALY
Status:: Full Capacity
Given Name:: PASQUALINO
Middle Name::
Family Name:: LO IOCO
Name Suffix::
City of Residence:: CESENA
State or Province of
Residence::
Country of Residence:: ITALY
Street of Mailing VIA CERTALDO 523
Address::
City of Mailing Address:: CESENA

State or Province of Mailing Address::

Country of Mailing Address:: ITALY

Postal or Zip Code of Mailing Address:: I-47023

Correspondence Information

Correspondence Customer 00466

Number::

Representative Information

Representative Customer	00466
Number::	

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/IT03/00729	11/11/03

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
ITALY	PS202A000023	11/14/02	Yes

Assignment Information

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::